

SECTION 4 BACKGROUND

4.1 Mission, Vision and Values

Within the Department of Economic Security (DES), the Division of Developmental Disabilities (the Division or DDD) is responsible for providing community developmental services and supports to over 16,000 Arizonans with developmental disabilities and acute care only or support coordination (case management) only to an additional 5,000 Arizonans with developmental disabilities. In addition, over 16,000 Arizonans were enrolled in the Arizona Long Term Care Program and 7,753 were funded with state-only funds. Approximately 700 consumers were between the ages of 18 and 25. In carrying out this responsibility, the Division's mission is:

“To support the choices of individuals with disabilities and their families by promoting and providing within communities, flexible, quality, consumer-driven services and supports.”

The Division's vision is:

“Individuals with developmental disabilities are valued members of their communities and are involved and participating based on their own choices.”

This results in the Division supporting a program that values:

- ❑ Healthy relationships with people;
- ❑ Individual and family priorities and choices;
- ❑ Equal access to quality services and supports for all individuals and families;
- ❑ Partnerships and ongoing communication with individuals, family members, advocates, providers, and community members;
- ❑ Developmental approaches – changing conditions that affect people rather than changing people who are affected by conditions;
- ❑ Individual freedom from abuse, neglect and exploitation with a balance between the right to make choices and experience life and individual safety;
- ❑ A diverse workforce that is motivated, skilled and knowledgeable of and uses the most effective practices known;
- ❑ An environment rich in diversity in which each person is respected and has the opportunity to reach their optimal potential;
- ❑ An individual's right to choose to participate in and contribute to all aspects of home and community life;

- ❑ A system of services and supports which are:
 - Responsive – timely and flexible responses to internal and external customers;
 - Strength based – recognizing people’s strengths, promoting self-reliance, enhancing confidence and building on community assets;
 - Effective – ongoing identification of effective methods and practices and incorporation of those practices into operations; and
 - Accountable – to our customers and to the taxpayers.

4.2 Program Eligibility

To be eligible for services a person must be an Arizona resident who has a chronic disability that:

- ❑ Is attributable to mental retardation, cerebral palsy, epilepsy or autism;
- ❑ Was manifested before the age of 18;
- ❑ Is likely to continue indefinitely; and
- ❑ Reflects the need for a combination and sequence of individually planned or coordinated special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration.

The disability also must result in substantial functional limitations in three or more of the following areas of major life activity:

- ❑ Self-care
- ❑ Receptive and expressive language
- ❑ Learning
- ❑ Mobility
- ❑ Self-direction
- ❑ Capacity for independent living
- ❑ Economic self-sufficiency

Children under the age of six years may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled but for whom no formal diagnosis has been made.

Individuals who are determined eligible for services through the Division may also be eligible for services through the Arizona Long Term Care System (ALTCS) program administered by the Arizona Health Care Cost Containment System Administration (AHCCCSA). Individuals who may be eligible for ALTCS are referred to AHCCCSA for ALTCS eligibility determination. (See A.R.S. 36-559 and Arizona Administrative Code (A.A.C.), Chapter 6, Title 6, Articles 3, 4 and 5 for a more detailed description of the eligibility determination process.)

4.3 Program Description

The 1999 Legislative session authorized the establishment of support coordination (case management) pilot projects under House Bill 2077. The pilot was designed to provide a range of choices of support coordination (case management) through contracts or agreements with the Division for the following options:

- ☐ State employees
- ☐ Organizations
- ☐ Individuals
- ☐ Parents or family member of persons with developmental disabilities
- ☐ Consumers

The pilot was run in western Maricopa County (within District I), Pima County (District II) and District VI. The Division has designed this RFQVA to provide this service statewide to Division consumers who are eligible for Medicaid (AHCCCS or ALTCS).

In State Fiscal Year 2004 (as of May 2004), the Division provided support coordination (case management) services to approximately 550 consumers through the pilot and to an additional 22,344 consumers through Division employees. Table 4.1 below depicts the number of consumers who received support coordination (case management) services from pilot support coordinators (case managers) and Division support coordinators (case managers) by district and in total during State Fiscal Year 2004.

Table 4.1
Number of Consumers Receiving Support Coordination (Case Management) by Type of Provider and by District State Fiscal Year 2004

	District I	District II	District III	District IV	District V	District VI	Total
Consumer Uses Pilot non-Division Support Coordinator (Case Manager)	98*	451	Not an Option	Not an Option	Not an Option	1	550
Consumer Uses Division Support Coordinator (Case Manager)	12,526	4,047	2,434	1,085	1,306	946	22,344
Total	12,624	4,498	2,434	1,085	1,306	947	22,894

*Only an option in one-third of District I.

Table 4.1 shows that about 55% of consumers that received Support Coordination (Case Management) services from the Division in State Fiscal Year 2004 resided in District I and about 20% resided in District II. In the Districts included in the pilot, District II had the highest participation rate. About 10% of consumers in District II who received Support Coordination (Case Management) services received these services through the pilot.

There are three different types of Support Coordination (Case Management) that are provided to consumers depending on whether they are eligible for ALTCS, AHCCCS, or the Division's state funded program. The three types of Support Coordination (Case Management) are: 1) Support Coordination (Case Management) to ALTCS consumers and to Division consumers birth to age three regardless of their eligibility for ALTCS or AHCCCS; 2) Targeted Support Coordination (Targeted Case Management) to consumers who are eligible for Medicaid but not ALTCS (i.e., they are eligible for AHCCCS) and are not children birth to age three; and 3) State Funded Support Coordination (State Funded Case Management) to consumers who are not eligible for ALTCS, AHCCCS or Medicaid and are not children birth to age three. This RFQVA covers all three types of Support Coordination (Case Management) services. Table 4.2 shows the breakdown by type of Support Coordination (Case Management) by district for State Fiscal Year 2004.

Table 4.2
Number of Consumers Receiving Support Coordination (Case Management) by Type of Service and by District State Fiscal Year 2004

	District I	District II	District III	District IV	District V	District VI	Total
Support Coordination (Case Management)	9,114	2,653	1,597	784	646	562	15,356
Targeted Support Coordination (Targeted Case Management)	1,657	806	510	140	384	232	3,729
State Funded Support Coordination (State Funded Case Management)	1,853	1,039	327	161	276	153	3,809
Total	12,624	4,498	2,434	1,085	1,306	947	22,894

Table 4.2 shows that across all Districts about 67% of consumers received Support Coordination (Case Management) (in this table Support Coordination does not include children age zero to three who are not eligible for ALTCS; however, all Division consumers age zero to three will receive this service pursuant to the RFQVA), 16% received Targeted Support Coordination (Targeted Case Management), and 17% received State Funded Support Coordination (State Funded Case Management) (which, in this table, includes children zero to three who are not eligible for Medicaid although these children will receive the same type of Support Coordination as consumers eligible for ALTCS). However, the breakdown varies by District. In District I, 72% of consumers received ALTCS Support Coordination (Case Management), 13% received Targeted Support Coordination (Targeted

Case Management), and about 15% received State Funded Support Coordination (State Funded Case Management). In District II, the breakdown was 59% Support Coordination (Case Management), 18% Targeted Support Coordination (Targeted Case Management), and 23% state funded. In District III, the percentages were 66%, 21%, and 13%. For District IV, 72%, 13%, and 15%. For District V, 50%, 29%, and 21%. And for District VI, 59%, 25% Targeted Support Coordination (Targeted Case Management), and 16% state funded.

The Division coordinates services and resources through a central administrative office, District offices and local offices in various communities throughout the state. A comprehensive array of services are provided to consumers based on the person's identified needs, State and/or Federal guidelines and, when applicable, the availability of funds. While the Division provides a limited number of services directly, the majority of services are provided through contracts with individuals or provider agencies. These contracted services include Support Coordination (Case Management) services, home- and community-based services, institutional services and acute care services. Some of the services, such as acute care services, are available only to certain consumers. (See A.R.S. 36-558 and *DES/DDD Policy and Procedure Manual*, available on the Division's website www.de.state.az.us/ddd, for a more detailed description of Division services.) Wherever possible, prior to authorizing services, the Division looks first at services or other forms of assistance that may be provided through existing community resources or family members.

Division services are funded through various means – Title XIX Medicaid (Federal and State matching monies) and State appropriations, with some additional funding available through Title XX and grants. However, Title XIX is the principle source of funds. The Division receives monthly capitation payments from AHCCCSA to deliver acute and long term care services to eligible ALTCS consumers and Targeted Support Coordination (Targeted Case Management) services to Arizona Health Care Cost Containment System (AHCCCS)-eligible consumers. These funds, in turn, are appropriated by the Arizona State Legislature to DES/DDD for expenditure.

Home- and community-based service costs for ALTCS-eligible consumers must not exceed the cost of an Intermediate Care Facility/Mental Retardation (ICF/MR) placement, unless the Division requests and receives approval from AHCCCSA. For total service costs, which exceed 80% of an ICF/MR placement, the Division must conduct a cost effectiveness study; including development of a plan to prospectively reduce the costs over the next six months. (See *DES/DDD Policy and Procedures Manual – Chapter 905*.)

Person centered planning refers to the facilitation and development of a plan developed in concert with a person with developmental disabilities, their families and others that are important to the person. The plan focuses both on paid and natural supports to assist a person in achieving their desired future. The planning process is a way to gather and organize information, respects the person's choices and preferences, is positive and focused on capacities of both the person and the community in which he or she lives, provides an accurate picture of the person and their desires and is action oriented with actions steps and timeframes for evaluation.

There are several approaches that use person centered planning. Some that are the most well known in working with people with developmental disabilities include:

- * Personal Futures Planning;
- * Making Action Plans (MAPS)
- * Planning Alternative Tomorrows with Hope (PATH)
- * Essential Lifestyles Planning.

All approaches are acceptable as long as the person centered plan:

- Ensures that the primary direction comes from the consumer,
- Involves family members and friends of the person's choice and has a reliance on personal relationships as the primary source of support to the individual,
- Focuses on capacities and assets rather than on limitations,
- Has an emphasis on the settings, services, supports and routines available to the community at large rather than those designed for people with disabilities,
- Focuses on quality of life with an emphasis on personal dreams, desired outcomes, and meaningful experiences.

This service is provided to consumers who are eligible for the Arizona Long Term Care Program. The service is provided to consumers who are experiencing life transitions such as exiting high school to work, moving from the person's family home, young adults 18-25 years old who have family members requesting the use of "attendant care family" services, moving from a nursing home, psychiatric hospital or Intermediate Care Facility to the community. The service may also be provided to consumers who are seeking an Individually Designed Living Arrangement, who are participating in the Member Directed Supports initiative or who are a priority for planning in order to identify the supports they will need when an aging caregiver no longer able to provide supports in their home. The Qualified Vendor may not deliver direct services and Person Centered Planning facilitation to the same consumer.

The primary focus of the person centered planning facilitation service is for consumers between the ages of 18-25 years of age, living in his/her family home. This is due to the issuance of Administrative Directive 100, which provides guidance regarding attendant care services when a consumer turns 18 years of age and these services have the potential to be provided by a parent or other caregiver, based on assessed need, including the family's ability to provide natural supports.

The Directive states that the Division does not endorse lifelong residency in the family home, unless that is the choice of the consumer and family and is in the Consumer's best interest. Therefore, to ensure all options have been considered, the Directive requires the facilitation of a person centered plan and personal, private interview of the Consumer by the Support Coordinator, if the use of Attendant Care Family service is proposed between the ages of 18-25.

This service provides resources for the one time provision of the person centered plan facilitation. While person centered planning may also be provided to other consumers experiencing life transitions such as exiting high school to work, moving from the person's family home, moving from a nursing home, psychiatric hospital or Intermediate Care Facility to the community, those seeking member directed supports or planning due to having an aging caregiver, the primary focus of the service is for young adults who have requested attendant care.

In State Fiscal Year 2004 the Division provided attendant care to approximately 2,800 consumers and, of these, 700 were between the ages of 18-25.. Table 4.3 below depicts the number of consumers who received attendant care services and who are between the ages of 18-25 by District.

Table 4.3
Number of Consumers Receiving Attendant Care Services Between the Ages of 18-25 Years of Age
by District State Fiscal Year 2004

	District 1	District 2	District 3	District 4	District 5	District 6
Attendant Care	446	105	66	32	32	36

While there may be other referrals as listed above, the chart provides the primary recipient group of this one time planning service.

4.4 Consumer Choice

Building upon its core mission and value statements, the Division has, over the past several years, begun an initiative to move its current program toward a model of self-determination – promoting and increasing consumer and family control over the purchase and selection of services and providers. Recent amendments to A.R.S. §36-557 and the implementation of rules pursuant to A.R.S. §36-557 establish consumer choice of providers in law and rule. Consumer

choice will be the basis for provider selection. The responsibilities and roles which were formerly the primary responsibility of the Division are now meaningfully shifted to consumers and Qualified Vendors. Two new roles for the Division are to facilitate consumer choice and to assist Qualified Vendors to effectively make their program plans and availability known to consumers.

This RFQVA process, including the Qualified Vendor Application and Directory System, is designed to help the Division fulfill this new mandate. The Division will enter into Qualified Vendor Agreements with vendors that meet the minimum RFQVA requirements. Applicants will not be subject to a prospective quality evaluation of their program prior to the award of a Qualified Vendor Agreement (contract) by the Division. This is very different from all prior awards of contracts. The determination of quality service will be determined largely by consumer choice on an ongoing basis. Consumers will be able to change providers, utilize multiple providers, and encourage potential providers to apply to become a provider on an ongoing basis.

For some services, consumer choice will have some limitations. For example, group services, such as group homes and day treatment and training programs, consumer choice will be a shared responsibility of the group of consumers who will be sharing service provision. This will involve reaching consensus for a single choice among the entire group of consumers. For capacity based services, i.e., group homes or day treatment and training programs, consumer choice may be limited to Qualified Vendors who have existing capacity for service until the Division determines additional capacity is needed and can be supported by Division funding.

The Division's ability to provide services is based on available funding. Every effort will be made by the Division to effectively and efficiently provide service to all eligible consumers. It is the expectation of the Division that consumers and Qualified Vendors will assist the Division in efficient and effective service planning and delivery.